For	m 5500-SF	Short Form Annual I		of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	This form is required to be filed un	Benefit Plan der sections 104 and 4	065 of the Employee Re	etirement	2014			
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974 (ER Re	ISA), and sections 605 venue Code (the Code		Internal	This Form is Open to Public Inspection			
	nefit Guaranty Corporation	Complete all entries in acco	rdance with the instr	uctions to the Form 55	600-SF.				
Part I		lentification Information		and andian (10)	04/0044				
For calenda	ar plan year 2014 or fisca				31/2014	L'an della kan anna agus de la Part			
A This ret	urn/report is for: Irn/report is	a one-participant plan	of participating employ a foreign plan the final return/report	an (not multiemployer) (yer information in accord n/report (less than 12 mo	lance with t	king this box must attach a list the form instructions)			
C Check b	box if filing under:	Form 5558 automatic extension DFVC program							
	L								
Part II		nation—enter all requested informa	ation						
1a Name VIERRA OR		K) PROFIT SHARING PLAN			1b Thre plan (PN)	number			
					1c Effect	ctive date of plan 01/01/2003			
	oonsor's name and addre	ess; include room or suite number (er	mployer, if for a single-	employer plan)	2b Emp (EIN	loyer Identification Number) 75-2978104			
PO BOX C-96	6012				2c Spor	nsor's telephone number 425-774-1811			
BELLEVUE, V	WA 98009-9612				2d Busi	ness code (see instructions) 621210			
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor.			3b Adm	inistrator's EIN			
		lan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4b EIN	inistrator's telephone number			
name, a Sponso		er from the last return/report.			4c PN				
5a Total r	number of participants at	the beginning of the plan year			5a	6			
b Total r	number of participants at	the end of the plan year			5b	5			
		count balances as of the end of the p			5c	5			
d(1) Tota	al number of active partic	cipants at the beginning of the plan ye	ear		5d(1)	4			
d(2) Tota	al number of active partio	cipants at the end of the plan year			5d(2)	4			
e Numbe less tha	r of participants that tern an 100% vested	ninated employment during the plan y	ear with accrued bene	efits that were	5e	0			
		incomplete filing of this return/rep							
SB or Sche		r penalties set forth in the instructions signed by an enrolled actuary, as we te.							
SIGN	Filed with authorized/va								
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual signing	as plan administrator			
SIGN HERE									
	Signature of employe		Date			as employer or plan sponsor			
		ne, if applicable) and address (includ			Fiepdiers	s telephone number (optional)			

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a	an indepe	ndent qualified public accounta	nt (IC	PA)				-	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann							^	Yes	No
	If the plan is a defined benefit plan, is it covered under the PBGC in							Note	etermi	nod
		isurance p	Sogram (See ENISA Section 40	21):		163		NOLC	eterrin	neu
Par			() <u>-</u>		<u> </u>		<i></i>			
<u> </u>	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End		i r 584926	•
	Total plan assets	7a	0020	0	_				04920	
	Total plan liabilities	7b	5325	-	_			4	584926	
	Net plan assets (subtract line 7b from line 7a)	7c		007	_				04920)
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b) T	otal		
	Contributions received or receivable from: (1) Employers	8a(1)	33	846						
	(2) Participants	8a(2)	258	375						
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	257	'48						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							54969)
	Benefits paid (including direct rollovers and insurance premiums	00								•
	to provide benefits)	8d	26	630						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2630)
i	Net income (loss) (subtract line 8h from line 8c)						52339)		
j	Transfers to (from) the plan (see instructions)	0								
Par	t IV Plan Characteristics	8j								
9a b	If the plan provides pension benefits, enter the applicable pension $\frac{2E}{2G}$ $\frac{2J}{2J}$ $\frac{2K}{2R}$ If the plan provides welfare benefits, enter the applicable welfare for									
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amou	Int	
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in							
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest	uciary Cor	rection Program)	10a		Х				
	on line 10a.)			1 0 b		Х				
C	Was the plan covered by a fidelity bond?			10c	X				Ę	50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		x				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х				
i										
Part				10i	1					
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	No
11a	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr					 11a			, 00 /	
12	Is this a defined contribution plan subject to the minimum funding		· · · ·				ERIGAO		Yes	< No
14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.			, UI SE		502 UI				
		, as applic					1			

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b Enter the minimum required contribution for this plan year		12b		
C Enter the amount contributed by the employer to the plan for this plan year		12c		
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	'а	12d		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N/A
Part VII Plan Terminations and Transfers of Assets				
13a Has a resolution to terminate the plan been adopted in any plan year?		י 🗌 י	res X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur of the PBGC?	nder the	control		Yes 🗙 No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s)	to		
13c(1) Name of plan(s):	1	3c(2) El	N(s)	13c(3) PN(s)
Part VIII Trust Information (optional)				1
14a Name of trust	14b Trust's EIN			

	Form 5500-SF Department of the Traesury	Short Form Annua	Return/Report Benefit Plan	of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089		
	Internal Revenue Service	This form is required to be Retirement to come Security	filed under sections 10	4 and 4065 of the Employ	ee		2014		
Ē	Department of Labor mployee Benefits Security Administration	Retirement income Security /	nernal Revenue Code (t	d section 6057(b) and 605 he Code).	58(a) of		is Open to Public		
捕	Parision Benefil Guaranty Corporation	Complete all entries in ac	cordance with the inst	ructions to the Form 55	00-SF.		spection		
Fo	r calendar plan year 2014 or fis	Identification Information	01/01/2014						
		x a single-employer plan		and ending r plan (not multiemployer)	12/	31/2014			
	This return/report is for: This return/report is:	a one-participant plan the first relum/report an amended return/report	a foreign plan the final return/repo	over information in accou	rdance wil	th the form in	x must altach a list structions)		
С	Check box if filing under:	x Form 5558	automatic extension)		DFVC progra	m		
	Basic Plan Info	rmation enter all requested i							
1a	Name of plan			······································	1b Th	ree-digit			
	Vierra Orthodontics	, PS 401(k) Profit Shar	ring Plan		pia pia	Bn number N) ►	001		
					1c Ef	fective date o			
2 a	Plan sponsor's name and add	dress; include room or sulte numbe	er (employer if for a sing		01	1/01/2003			
	Vierra Orthodontics	he-employer plan	20 En (E	nplover identi IN) 75-291	fication Number				
					2c Sp	ionsor's telepi	one number		
	PO Box C-96012				(4	25) 774-1	811		
2-	US Bellevue WA 98009-9612				20 B0 62	ISINESS CODE (1210	see Instructions)		
38	Plan administrator's name an	d address X Same as Plan Spor	nsor Name		3b Ad	ministrator's i	EIN		
4	If the name and/or EIN of the	plan sponsor has changed since th	ne last return/report filed	for this plan, enter the			elephone number		
а	Sponsor's name	ber from the last return/report.							
		t the beginning of the plan year	· · · · · · · · · · · · · · · · · · ·		4c PN				
b	i orai number or participants a	t the end of the plan year	****		5a 5b		6		
C	information participants with ac	COUNT Datables as of the end of th	a nian yoor (doßnod hav	A A A A A A A A A A A A A A A A A A A	5c		55		
d(1) Total number of active partic	cipants at the beginning of the plan	vear)*)}**********************************			5		
		cipants at the end of the plan year	-		5d(1)		4		
e	Number of participants that ter less than 100% vested	minated employment during the pl	an year with accrued be	nefits that were	5d(2)		4		
Cei	NOU CIUN TOU TO VESIEU	******	***************************************		<u>5e</u>		Ø		
_ UI KJ	121 NG/1011125 VED2/711117 PINA ATA	r incomplete filing of this return/ at penalties set forth in the instant	and the state of the state				·····		
bello	of, it is true, correct, and compl	er penalties set forth in the instruct d signed by an enrolled actuary, as lete.	well as the electronic v	e examined this return/report ersion of this return/report	port, inclu t, and to th	ding, if applicate the best of my	ble, a Schedule knowledge and		
i i i i Li i com	1012		10-6-15	Darin A. Vierra,	DMD				
5 JIK	Signature of plan admin	istrator	Date	Enter name of individual	I signing a	is plan admini	strator		
			60-6-1.	Darin A. Vierra,	DMD				
Prec	Signature of employer/p	lan sponsor me, if applicable) and address; incl	Date	Enter name of individual	signing a	s employer or	plan sponsor		
					Preparers	s telephone n	umber (aptional)		
For	Paperwork Reduction Act No	tice and OMB Control Numbers,	see the instructions for	or Form 5500-SF.		For	n 5500-SF (2014) v.140124		

	Form	5500-	SF	2014
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6a

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Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	,,,,	XYes 🗌 No
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b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)

		···· p····, ·· ·· ····· ····	 	· · · · · · · · · · · · · · · · · · ·	
Part II	Financial Info	ormation	 		

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	532,587	584,926
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	532,587	584,926
8	Income, Expenses, and Transfers for this Plan Year	1000	(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	3,346	
	(2) Participants	8a(2)	25,875	
	(3) Others (including rollovers)	8a(3)	0	A CONTRACTOR OF
b	Other income (loss)	8b	25,748	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		54,969
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2,630	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	0	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2,630
i	Net income (loss) (subtract line 8h from line 8c)	8i		52,339
j	Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2R

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
С	Was the plan covered by a fidelity bond?	10c	x		50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		x	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			
Раг	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	olete	Sched	lule St	B (Form

11	5500) and line 11a below)	Υ	es 🗴 No
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39		
		[

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

(It '	Yes,	' com	plete	line	12a	٥r	lines	12b,	-12c,	12d,	and	12e	below	, as	applicat	ple.)	

а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see	instructions,	, and enter the date of	f the letter ruling
	granting the waiver	Month _	Day	Year

	Form 5500-SF 2014	Page 3				
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year		12b			
				· · · · ·		
c	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)	•	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding dead	line?		Yes 🗌	No 🗌 N/A	
Part VII Plan Terminations and Transfers of Assets						
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?			Yes X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	ar	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to a of the PBGC?	nother plan, or brought under the	ht under the control			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
13c(1) Name of plan(s): 1		c(2) EIN(s)		13c(3) PN(s)		
Part VIII Trust Information (optional)						
14a Name of trust		14b ⊺	14b Trust's EIN			